



Update from the GAVI Alliance

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Strategic Advisory Group of Experts on Immunization (SAGE)
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Update from the GAVI Alliance

- Support to countries
- Policy and market shaping update
- Polio and supplementary immunization activities
- Looking forward
- Mid-term review and replenishment cycle

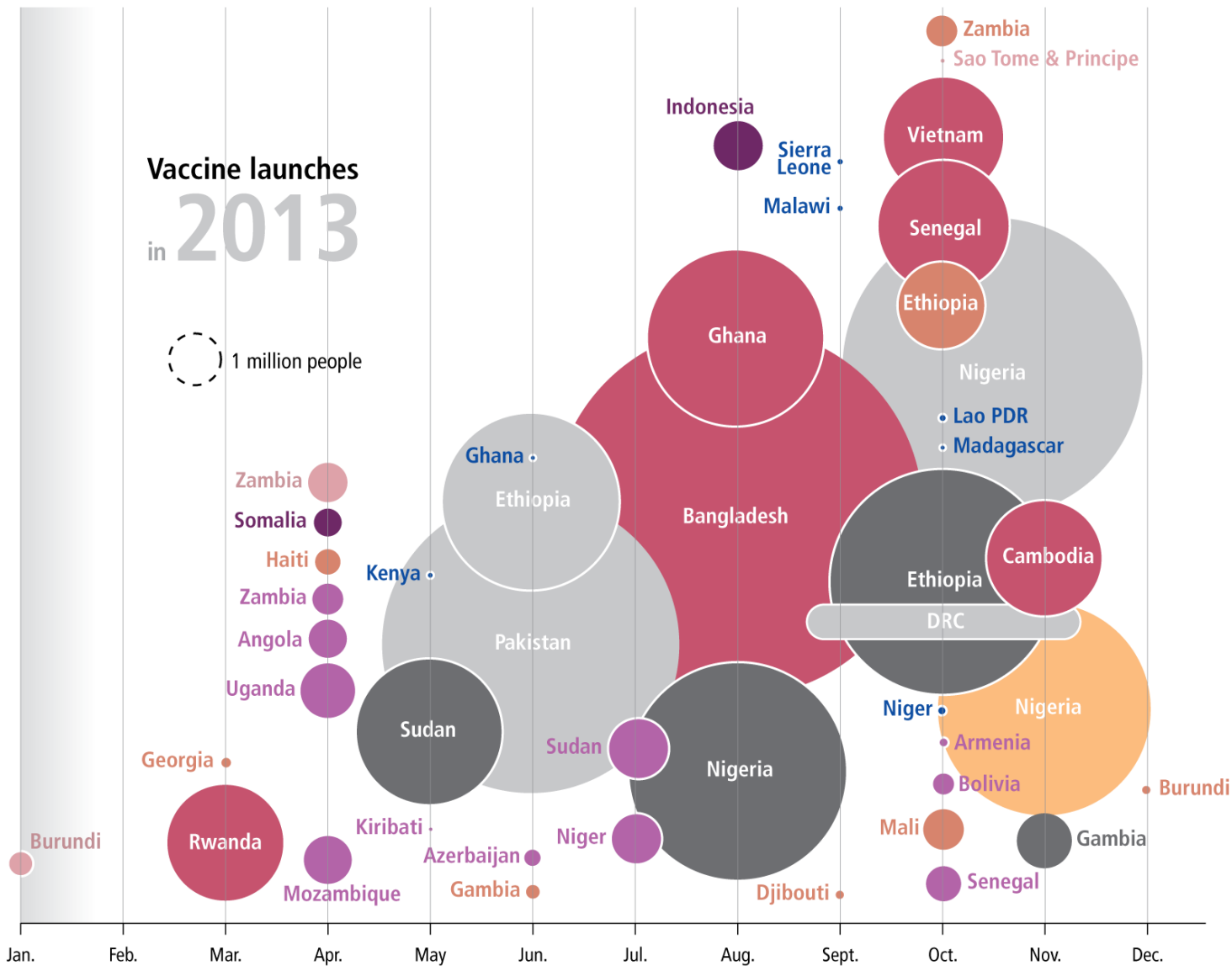
Support to countries

Vaccine introductions since GAVI start

- **6** programs: Penta, YF, PCV, RV, MenA, MSD
- **70** countries (out of 73)
- **152** introductions (131 routine, 21 SIAs)
- **370** million children immunised
- **~1 billion** doses distributed
- **46%** coverage Penta 3rd dose

2013 vaccine introductions outlook

- **3** new programs: HPV, MR, Measles SIAs
- **2** more countries: Indonesia, Somalia (72 out of 73)
- **47 to 60** introductions (24-37 routine, 16 SIAs, 7 demos)
- **550** million doses to be distributed in the year
- **50%** coverage Penta 3rd dose



- Pentavalent
- Pneumococcal
- Rotavirus
- Measles 2nd dose
- Measles-rubella campaign
- Measles SIA
- HPV demonstration project
- Meningitis A campaign
- Yellow fever campaign

Health Systems Strengthening (HSS) Support

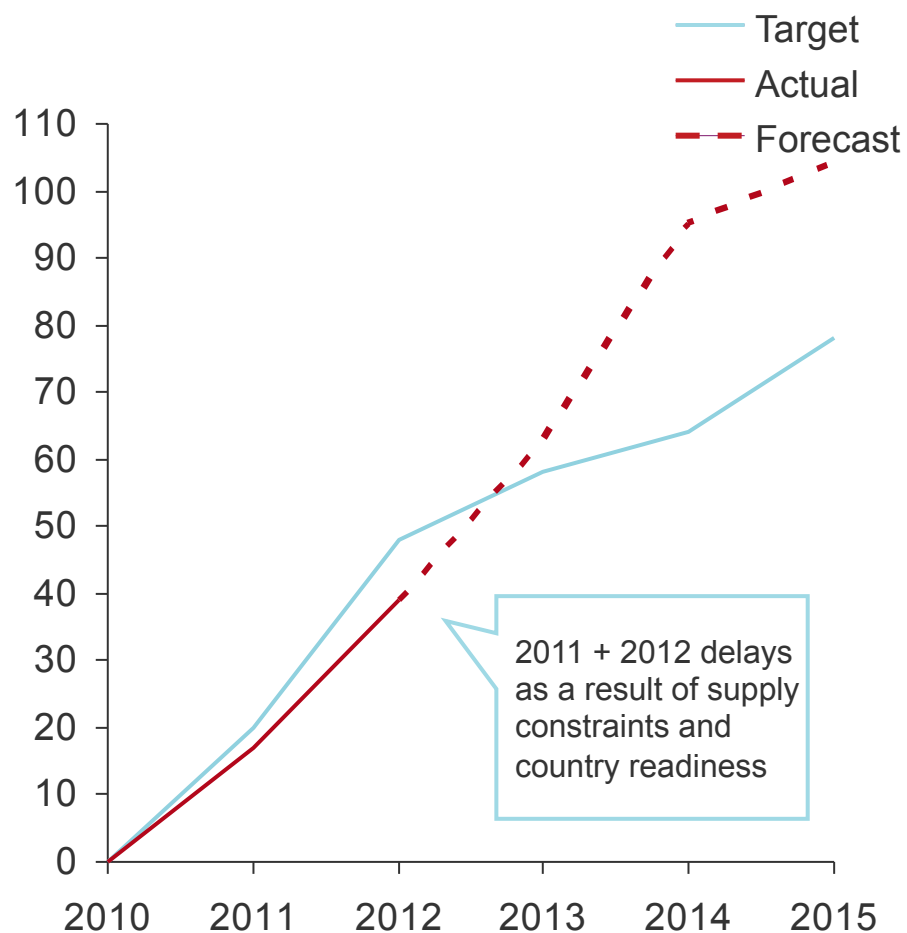
- HSS support remains critical to achieving GAVI's mission
- HSS model streamlined – now more relevant and result driven
 - Increasing disbursements to countries due to:
 - Intensified oversight from Secretariat and partners
 - More efficient implementation of fiduciary risk management procedures
 - Quality of new HSS proposals improving - higher approval rates
 - More frequent reprogramming of old HSS grants to make them more immunisation focused
 - New HSS proposals demonstrate strong focus on immunisation (eg, service delivery, supply chain, HR)

Health Systems Strengthening – going forward

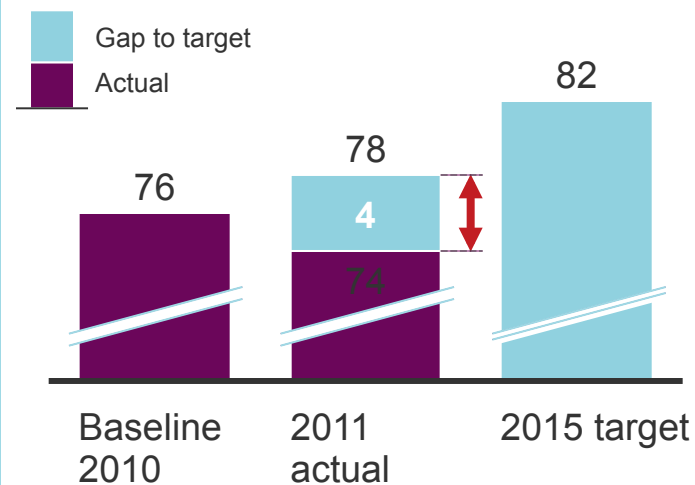
- Greater focus on:
 - Sustainability of HSS investments
 - Integration of routine, polio and campaigns into national health systems
 - Seeking synergies with other health strengthening efforts focusing on maternal and child health
- Better technical support and capacity building in countries – focus on implementation and results; RFP for new partners
- More effective collaboration under the International Health Partnership (IHP+) framework respecting the principles of development effectiveness
- Tailored approach to countries

Areas where GAVI is behind on targets

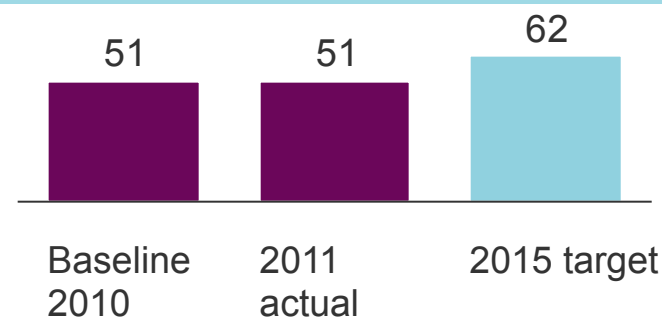
Pneumo, Rota and Penta new introductions (Cumulative number of country introductions)






















Coverage DTP3 coverage (%)



Equity % of GAVI countries with no significant difference in coverage across wealth quintiles



Dedicated focus on countries with coverage and equity issues

Equity priority countries	Coverage priority countries	
Yemen 	Nigeria 	Afghanistan 
India 	CAR 	DRC 
Pakistan 	Chad 	Haiti 
Mozambique 	Liberia 	Mauritania 
Vietnam 		PNG 
Madagascar 		Somalia 
		Uganda 
		Guinea 
		South Sudan 
		Ethiopia 
		Cote d'Ivoire 
		Cameroon 
		Timor Leste 

UNICEF lead

WHO lead
New entity lead in 6 countries

Update on HPV

- **National introduction:** 2 countries applied in 2012 (Rwanda and Uganda)
- **Demonstration projects:**
 - Interest exceeding expectations
 - Applications in 2012 from 15 countries, 8 approved
 - 7 countries planning to start demonstration projects in 2013 (Ghana, Kenya, Lao PDR, Madagascar, Malawi, Niger, Sierra Leone).
 - An additional 15 applications expected in 2013

GAVI's commitment to measles spans 4 dimensions

Measles second dose

Measles-Rubella campaigns

(below 15 years) before start of routine

Measles SIA

6 high risk countries for population below 5 years of age

Outbreak response

fund to Measles Rubella Initiative (US\$ 55m for period 2013-2017)

Status of measles support - end 2013

Measles Second Dose

Countries	Year
Viet Nam	2007-2011
DPR of Korea	2008-2012
Bangladesh	2012
Cambodia	2012
Eritrea	2012
Gambia	2012
Ghana	2012
Myanmar	2012
Burundi	2013
Zambia	2013 (April)
Sao Tome and Principe	2013 (October)
Tanzania	2014 (January)
Kenya	Self-financing
Burkina Faso	Resubmission

Measles Rubella SIAs

Countries	Year
Bangladesh	2013 (August)
Cambodia	2013 (October)
Ghana	2013 (October)
Lao PDR	Only intro grant
Nepal	Only intro grant
Rwanda	2013
Senegal	2013 (October)
Viet Nam	2013 (October)
Yemen	2014

Measles SIAs

Countries	Year
Ethiopia	2013 (June)
Pakistan	2013 (June)*
Nigeria	2013 (August)
DRC	2013 (September)

* Pending approval

Policy and market shaping update

Vaccine Investment Strategy 2013

To enable upfront, evidence-based decisions about GAVI's future vaccine investments in order to align planning by countries, industry and donors for the introduction of new, priority vaccines

- WHO landscape analysis identified 15 vaccines as starting point
- Two phases:
 - I: Board decision on strategic direction to inform prioritization of vaccines for further analysis (Jun 2013)
 - II: Board decision on new vaccine priorities 2015-19 (Nov 2013)
- All existing commitments are maintained (pneumo, rota, HPV, JE typhoid, rubella...)
- Implementation of future vaccines pending WHO guidance and resource mobilization outcomes

Policy and evaluation

- **Two policy reviews underway:**
 - **Gender Policy review:**
 - Based on results from external evaluation, country case studies, country and stakeholder consultations
 - **Transparency & Accountability Policy review:**
 - Based on desk review, country and stakeholder consultations through survey, interviews and focal group discussions
 - Both reviews will be presented to Board November 2013
- **Two key evaluations in 2012**
 - AMC process and design
 - China - HepB

Market Shaping update

- **Tenders**

- **Pentavalent**

- Tender completed for 2013-16
 - Manufacturer base is expanding

- **HPV**

- Tender completed
 - First demonstration projects to begin shortly

- **PCV**

- Tender in progress
 - Awards expected Q2

Polio and supplementary immunization activities

GAVI's role related to polio eradication

- In December 2012, the GAVI Alliance Board:
 - *Approved GAVI playing a complementary role to the GPEI in the polio eradication effort, specifically through routine immunisation within GAVI's strategy and mission using existing structures, processes, and procedures.*
 - *Approved GAVI exploring the suitability and possible use of IFFIm as one potential financing mechanism to support this activity within GAVI's strategy and mission using existing structures, processes, and procedures.*

Thinking about complementary approaches

- The WHA polio eradication resolution (1988) wisely: “EMPHASIZES that eradication efforts should be pursued in ways which strengthen the development of the Expanded Programme on Immunization as a whole, fostering its contribution, in turn, to the development of the health infrastructure and of primary health care”; (No mention of SIAs in original resolution)
- Determining “what” to do since 1993
- Learning “how” to do it

**Draft for field testing**WHO/Polio/01.01
Draft version: 1.0

Checklist and indicators for optimizing the impact of polio activities on EPI

We have learned¹:

- ◆ Positive impacts of polio eradication (PE) do not occur automatically, rather they have to be deliberately pursued; and
- ◆ Most negative impacts of polio eradication can be avoided through better planning.

The checklist and indicators below have been developed to help national decision-makers and programme managers to maximize the positive impact of PE on routine immunization services.

Checklist

▼ Polio eradication activity	▼ Actions to strengthen routine immunization
1. Advocacy: Sustained political and financial commitment is necessary at all levels.	<ul style="list-style-type: none">◆ Combine efforts: Explain to decision-makers that PE depends on strong routine immunization services. State the importance and needs of routine immunization in all PE advocacy opportunities.◆ Compare performance: When reporting NID coverage, compare with DPT3 and measles (e.g. publish tables comparing district coverage).◆ Troubleshoot: Use high-visibility of NIDs to solve administrative and technical bottlenecks around routine immunization (i.e. slow release of funds, staffing).
2. Partner coordination: PE relies on coordinated partners to ensure sufficient resources.	<ul style="list-style-type: none">◆ Think bigger: Ensure that Inter-Agency Coordinating Committee (IAC) meets throughout the year. Ensure mandate of IAC includes routine immunization.
3. Information, education, communication (IEC): Nationwide multi-sectoral awareness is critical for PE.	<ul style="list-style-type: none">◆ Generate demand: Include messages in NID training, material or media events about other EPI vaccines and the need for children to be fully immunized.
4. Social mobilization: Active participation of the community is needed to achieve PE.	<ul style="list-style-type: none">◆ Maintain involvement: Use the organizations, leaders, media and people mobilized for PE to support the delivery of routine immunization services in all areas.
5. Planning: Comprehensive strategic and annual micro-planning is necessary for PE to reach every child with OPV.	<ul style="list-style-type: none">◆ Share plans early: To avoid disruptions to other health services, share planned NID dates widely with all health programmes.◆ Double up: Use PE micro-planning and training to improve planning of routine immunization services (e.g. frequency, sites, etc).◆ Use data: Use NID target population data for routine immunization if these are more accurate than official data.

¹ *Measuring the impact of targeted programmes on health systems: a case study of the Polio Eradication Initiative*: WHO, Geneva, 16-17 December 1999, WHO/VB/00.29

Proposed areas for GAVI's complementary approach

■ Objective

To improve immunisation services in accordance with GAVI's mission and goals while supporting polio eradication by harnessing the complementary strengths of GAVI and GPEI in support of countries

■ Components include

- Programmatic - Global & Country
- IPV implementation (Board decision November 2013)
- Advocacy and Communications with consistent messages
- Mobilising resources through innovative financing instruments

Timing and next steps on GAVI's approach

- Iterative approach
 - Consultations with partners and GPEI (Dec-Apr)
 - Consultation draft of approach document (early Apr)
 - GAVI Programme and Policy Committee for guidance (April)
- In parallel
 - Take overall approach to PPC and circulate revised draft to partners
 - Develop workplans with specific countries (Nigeria, Pakistan, others?)
- Revise as we learn

Re-thinking GAVI and SIAs

- GAVI's role in planned SIAs
 - Accelerate population immunity: YF, Men A, MR, M, and JE
- Outbreaks & emerging needs supported through other partners (ICG, WHO, MRI)
- SIAs should strengthen immunisation services (already included in M SIA applications)
 - WHO, supported analyses of John Snow Inc.
 - Lessons from countries (eg, North India; Ethiopia “Best practices SIA”)

SIAs strengthening routine immunisation

- Modify guidelines for 2013 new vaccine applications requiring all SIAs to strengthen routine immunisation services
 - Build upon WHO/JSI technical guidance
 - Consider requiring coverage survey and/or evaluation of impact on routine immunisation
- Further discussion with Alliance members on approach and funding implications
- Encourage SAGE to call upon countries and partners supporting SIAs to require concrete activities to strengthen immunisation

Looking forward: Data quality, value of vaccines, supply chain and post-2015

Looking forward: Data Quality Summit – January 2013

- Strengthen country systems and capacities
- Improve survey design, frequency, methods and content
- Advance innovation in use of biomarkers, technology and triangulation

Looking forward:

Value of Vaccines meeting – January 2013

- Shift focus from mortality to: morbidity, disability, social and economic benefits, development, equity
- Need more empirical data (eg, equity, cognitive function)
- Better leverage existing data sources (eg, clinical trials/HDSS sites)
- Value in continuing to convene community
- Meeting report, documents, etc available at www.gavialliance.org/about/value/
- Encourage other research funders

Looking forward: Supply Chain

- Identified as a strategic priority
- Two phases of work:
 - Phase 1: Landscape Analysis
 - Phase 2: Strategy Development
- Example of priority projects underway:
 - Standardised barcodes for vaccine packaging
 - Cold chain equipment procurement project
- End to End Supply Chain strategy for Nov 2013 Board meeting

Looking forward: Post 2015 framework

- Last 1000 days of MDGs – accelerate roll-out of high-impact interventions
- Ensure health is central to the post-2015 agenda
- Promote bold and ambitious indicators – *eg, fully immunised child*
- Promote value of innovative partnerships

A fully immunised child: promoting bold and ambitious indicators

- Routine immunisation proxy measure of health system
- DPT has been indicator since 1970s
- FIC shifts focus from vial to child
- Applicable to all countries, rich and poor
 - WHO recommends 11 infant antigens
- Modernise and reset ambition
 - DTP3 ~80%; FIC ~5%



Mid-Term Review (MTR) and replenishment cycle

The Mid-term Review in-context

The MTR is a step in the replenishment process towards sustainable long-term funding of GAVI programmes towards saving lives and protecting health.



Delivering on the Promise: Objectives and expected outcomes

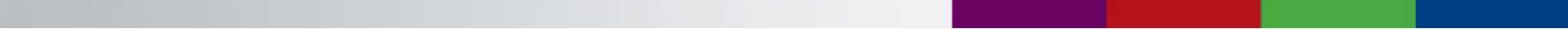
- Report back on results and challenges
 - Progress on targets and indicators across 4 strategic goals
 - Discuss how to jointly mitigate challenges
- Build confidence - we are delivering on our promise and our commitments for the future
- Build momentum to second replenishment
- Explore ideas for GAVI's strategy beyond 2011-2015

Delivering on the Promise: Key messages

- GAVI Alliance is delivering on its promise
- The Alliance demonstrates:
 - results, value for money and return on investment
 - a sustainable business model for development
 - an innovative public private partnership
- Long-term, predictable funding is critical to GAVI's business of saving lives and protecting people's health



www.gavialliance.org



Back up slides

Association between health and wealth through vaccination

7. Healthy population attract more foreign investments and trade



1. Direct and indirect effect of vaccination



2. Better education and cognitive development



6. Healthier communities people want to live in rather than to escape

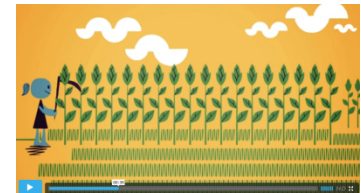


Value of Vaccines



<http://vimeo.com/54622184>

3. Healthier/productive workforce



5. Better survival rates and low fertility rates



4. Higher savings and investment rates

